

Total Plan Cost Comparison

Kaiser offer for January 2018 – Increase in Premium of **5.43%**

Cigna offer for January 2018 – Premium offer was a decrease of **14.13%** of Kaiser renewal offer

Cigna Renewal for January 2019 – No plan changes **6.98%**

Cigna Renewal Option for January 2019 – increase OOP level increase to premium **4.95%**

Alternate Carrier Projections for January 2019:

Based on as similar benefit plans that are available within the carrier market

United HealthCare – Increase to current premium would project to **31%**

Anthem BC/BS – Increase to current premium would project to **52%**

Kaiser – Increase to current premium would project to **35%**

Friday Healthplans – Increase to current premium would project to **45%**

Medical Benefit Summary
Effective 01/01/19

10/2/2018

Carrier		Cigna		
Plan Name		OAP Base	OAP Choice	OAP Base
Plan Platform		Open Access	Open Access	Open Access
Schedule of Benefits		Current And Renewal		Increase OOP on Base Plan
Office Visits	Primary	\$25 Copay	\$15 Copay	\$25 Copay
	Specialty	\$50 Copay	\$40 Copay	\$50 Copay
Diagnostic Services	PCP Necessary	No	No	No
	Referral Necessary	No	No	No
After Hours Services	Basic Lab/X-ray	Deductible then 30%	Deductible then 20%	Deductible then 30%
	MRI/CT/PET	Deductible then 30%	Deductible then 20%	Deductible then 30%
Deductible	Emergency Room	Deductible then 30%	Deductible then 20%	Deductible then 30%
	Urgent Care	\$50 Copay	\$40 Copay	\$50 Copay
Out of Pocket	Individual	\$2,500	\$1,000	\$3,500
	Family	\$5,000	\$3,000	\$7,000
Coinsurance	Individual	\$6,000	\$3,300	\$6,500
	Family	\$12,000	\$6,600	\$13,000
Pharmacy Services	Inpatient Hospital	Deductible then 30%	Deductible then 20%	Deductible then 30%
	Per Visit Copay Amount	None	None	None
Tier 1	Outpatient Services	Deductible then 30%	Deductible then 20%	Deductible then 30%
	Per Procedure Copay Amount	None	None	None
Tier 2		\$10	\$10	\$10
		\$40	\$30	\$40
Tier 3		\$60	\$50	\$60
		none	none	none
Tier 4		none	none	none
		none	none	none
Tier 5		none	none	none
		none	none	none
Drug Deductible				

Dental	Beta Health	Companion Life	MetLife	Delta Dental
Plan Name Benefit Overview Deductible (Calendar Year) Preventive Basic Endo/Perio Major Waiting Period Orthodontia Orthodontia Lifetime Max Annual Maximum Comments	Alpha None Save up to 100% Save up to 80% Save up to 60% Save up to 60% No Wait Save up to 23% NA Unlimited	PPO In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/person Out of Network \$50/\$150 80% 80% 50% No Wait 50%	Plan B In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1500/person Out of Network \$50/\$150 100% 80% 80% 50% No Wait 50%	Plan E In Network \$50/\$150 100% 80% 80% 50% No Wait 50% \$1,000 \$1000/person 100% for Preventive, Basic and Major Out of Network \$50/150 80% 80% 50% No Wait 50%
Monthly Premium Rates Employee Only Employee/Spouse Employee/Child(ren) Family	Current \$10.58 \$19.58 \$26.78 \$32.18 Renewal \$10.58 \$19.58 \$26.78 \$32.18	Current \$30.98 \$58.05 \$69.84 \$111.16 Renewal \$37.18 \$69.70 \$83.81 \$133.39	Option \$34.39 \$68.94 \$74.65 \$122.21	Option \$37.26 \$70.56 \$82.50 \$129.08

Vision	Eye Med
Plan Name Benefit Overview Exam Materials Frames / Contacts Frequency / Maximum Exam Lenses Frames Monthly Premium Rate Employee Employee + Spouse Employee + Child(ren) Employee + Family	CL Vision Select \$10 \$25 \$130 Allowance Once every 12 months Once every 12 months Once every 24 months Current \$4.48 \$8.50 \$8.95 \$13.16 Renewal \$4.98 \$8.50 \$8.95 \$13.16

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	2019 PCCLD Employee Benefits Renewal																
2																	
3	Employee Cost Per Paycheck*																
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Health Insurance

Kaiser 750 *

Employee only

Employee & spouse

Employee & children

Employee & family

Kaiser 2000 *

Employee only

Employee & spouse

Employee & children

Employee & family

NOTES

2016	Changed Plan Design	2017	Change to Partially Self Funded Plan**	2018	2019 Proposed		
Kaiser		Kaiser		Cigna	Renewal +6.98% Cigna 3500 is base plan	Variance	%
50.41	Kaiser 1000 *	52.32	Cigna 1000 *	52.91	59.71	6.80	12.9%
106.81	Employee only	111.02	Employee only	111.07	126.90	15.83	14.3%
87.42	Employee & spouse	90.82	Employee & spouse	91.06	103.78	12.72	14.0%
146.29	Employee & children	152.04	Employee & children	151.71	173.87	22.16	14.6%
	Employee & family		Employee & family				
44.17	Kaiser 2500 *	45.84	Cigna 2500 *	46.42	(Cigna 3500)	-0.20	-0.4%
93.37	Employee only	97.00	Employee only	97.02	46.22	2.04	2.1%
76.44	Employee & spouse	79.40	Employee & spouse	79.61	99.06	1.27	1.6%
127.75	Employee & children	132.76	Employee & children	132.39	80.88	3.61	2.7%
	Employee & family		Employee & family		136.00		
5% increase		4% increase		8.6% decrease	Budget impact = \$18,200		
				(moved to 24 deductions)	+4.2%		
					RECOMMENDED OPTION		

* Years 2016-2018 Insurance broker consulting fee is split 80% PCCLD - 20% Employees on medical plans.
** Cigna plan includes Healthiest You telehealth program.
*** 2019 Options do not include broker fees

AVERAGE WAGE CALCULATION

Average Gross Wage per Paycheck	\$	1,774
(the wages of 60 public service & support employees on the medical plan were averaged)		
2.5% Wage Increase per Paycheck	\$	44

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
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Employee Cost Per Paycheck								
2018		2019 RENEWAL						
80-20	75-25	COMPANION	Variance	%	MET LIFE	Variance	%	
3.21	3.72	0.51	16%	3.44	0.23	7.2%		
6.71	7.78	1.07	16%	7.76	1.05	15.6%		
8.23	9.55	1.32	16%	8.47	0.24	2.9%		
13.58	15.74	2.16	16%	14.42	0.84	6.2%		
RECOMMENDED OPTION								
1.06	1.06	0.00	0.0%					
2.18	2.18	0.00	0.0%					
3.08	3.08	0.00	0.0%					
3.76	3.76	0.00	0.0%					
0.45	0.45	0.00	0.0%					
0.95	0.95	0.00	0.0%					
1.01	1.01	0.00	0.0%					
1.53	1.53	0.00	0.0%					

2019 Regular Part-Time Employee Benefits		
Telehealth PART-TIME ONLY		
Single Tier	8	1.91
* PCCLD pays 50% of the premium		
Alpha Discount Plan PART-TIME ONLY		
Employee only	-	5.29
Employee & spouse	-	9.79
Employee & children	0	13.39
Employee & family	-	16.09
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* Employee pays 100% of the premium		

FULL COST OF 2019 EMPLOYEE BENEFITS:	\$ 623,928	(PCCLD portion is approx 80% of total = \$499,143)
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